VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-R)

12966

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: St Marys Co.

County: St Marys Hospital

City or town: (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St Marys Hosp Leonardtown Md

Stay in hospital or inst. (yrs., or mos., or days): 8 Hrs

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: St. Mary's

City or town: Mechanicville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Benjamin Day Burch

3. (b) Social Security Number

4. Sex: White M

5. Color or race: —

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 37 Months: 6 Days: 4 If less than one day hrs. min.

9. Birthplace: St Marys County Wash, D.C. (Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: John Alexander Burch
13. Birthplace: St. Marys Co.

MOTHER
14. Maiden name: Julia E. Gibbons
15. Birthplace: Prince George Md.

16. Informant: Harry Davis

Address: Mechanicsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 23 1940 (month) (day) (year)

Cemetery or crematory: Aquasco

Location

18. Funeral director: Elmer Quade

Address: Hughsville Md

19. 12/22 1940 (Date rec'd by registrar) Carmalli Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 22nd 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 1940, to Dec 22 1940, and that I last saw him alive on Dec 22nd 1940

Immediate cause of death: Shock

DURATION: 8 hrs

Due to: Hemorrhage & Exposure

Due to: Comp. Multiple fracture of Right leg Comp. of Femur

Other conditions: Tract of tibia, in 2 places and compound

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: homicid Date of: Dec 22-40

Where did injury occur? Near Mechanicsville (City or town) State Road (County) St Marys Co (State) Md

Injured at home, farm, industry, public place (where?): Public Road

Means of injury: Supposedly automobile Injured at work? No

23. SIGNATURE: J. F. Greenwell M.D. Coroner M. D. or other

Address: Leonardtown Md Date signed: Dec 22-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

CERTIFICATE OF DEATH

12967

Reg. Dist. No. 283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 hours.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Mechanicsville

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rebecca Catherine Burroughs.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2-1940

8. AGE: Years | Months | Days | If less than one day: 4 hrs. min.

9. Birthplace Leonardtown, St. Mary's, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name James Harold Burroughs

13. Birthplace Mechanicsville Maryland

MOTHER 14. Maiden name Nellie Wallace

15. Birthplace St. Mary's County

16. Informant Mr James Hanold Burroughs

Address Mechanicsville,

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 3, 40 (month) (day) (year)

Cemetery or crematory Mount Zion

Location Lamb Grove, St. Marys Co. Md

18. Funeral director Rose E. Welch

Address Chaptico, Maryland

19. Dec 3 (Date rec'd by registrar) 1940 L. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 2. 40 1940 to Dec. 2 1940, and that I last saw her alive on Dec. 2. 1940

Immediate cause of death	DURATION
Prematurity. (6 mo)	
Due to	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alexius A Welch M. D. or other

Address Chaptico Md Date signed Dec 3, 40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

12968

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural (abell)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural abell

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Douglas Butler

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	married

6.(b) Name of husband or wife Sadie Tillman Butler

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-1876

8. AGE: Years 74 | Months 8 | Days 10 | If less than one day ... hrs. ... min.

9. Birthplace Mulberry md

(Town, county, and state)

10. Usual occupation Dr Steward

11. Industry or business

FATHER 12. Name Thomas Butler

13. Birthplace Mulberry md

MOTHER 14. Maiden name Jemeriah Curtis

15. Birthplace Mulberry md

16. Informant Sadie Butler

Address abell md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-20-40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Baltimore

18. Funeral director Rose E Welch

Address Chaptico md

19. 12-19-1940 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw h... alive on 12-18- 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hrs.
Due to Dropped wrist	minutes
Due to Complications Cataract Surgery	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Date signed 12-19-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-6)

CERTIFICATE OF DEATH

12969

Reg. Dist. No. 257

1. PLACE OF DEATH:
County St. Mary's
City or town Hallywood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural
Stay in hospital or inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Hallywood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME George Harrison Bowles Jr -

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife ---
6(c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Sept. 23rd 1927

8. AGE:

Years	Months	Days	If less than one day
13	2	18	---hrs. ---min.

9. Birthplace Hallywood, Md
(Town, county, and state)
10. Usual occupation at School
11. Industry or business
FATHER 12. Name Geo. Harrison Bowles
13. Birthplace Hallywood Md
MOTHER 14. Maiden name Hannah Emma Abell
15. Birthplace Hallywood Md
16. Informant Geo Harrison Bowles
Address Hallywood Md
17. Burial Date thereof 12/13/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. John's
Location Hallywood, Md.
18. Funeral director P.B. Robinson
Address Leonardtown
19. 12/12 1940 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1940, at 11 30 P M

21. I CERTIFT that death occurred on the date above stated; that I attended deceased from June 1 1940, to Dec 11 1940, and that I last saw h--- alive on Dec 10 1940.

Immediate cause of death	DURATION
Sarcoma of leg	
Due to ---	
Due to ---	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ---

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide --- Date of ---
Where did injury occur? --- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ---
Means of injury --- Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other
Address Leonardtown Date signed 12/12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12970

CERTIFICATE OF DEATH

Reg. Diat. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Rural mail Callaway

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 79 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural mail Callaway

(If outside city or town limits, write RURAL and give nearest town)

~~Street~~ No. 5 Highway 1 mile north of Callaway

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME James Robert Dement

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Mary E Dement

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 15, 1861

8. AGE: Years	Months	Days	If less than one day
79	6	3	hrs. min.

9. Birthplace Great Mills, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Merritt Demant

13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Evans

15. Birthplace Maryland

16. Informant Mary E Dement

Address Callaway, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 20 1940 (month) (day) (year)

Cemetery or crematory Holy Face Cemetery

Location Great Mills, Md

18. Funeral director R.D. Robinson

Address Leonardtown Md

19. Dec 18 1940 (Date rec'd by registrar) B J Dean M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1940 at 8.30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1937 to Dec 18 1940

and that I last saw him alive on Dec 16 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	1 hour
Due to Arteriosclerosis	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B J Dean M.D. M. D. or other

Address Great Mills, Md Date signed Dec 18, 1940

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12971

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural (River Springs)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. River Springs
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Stillborn Ellis

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	W.	Single.

6.(b) Name of husband or wife —

B.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-18-40

8. AGE: Years — Months — Days — If less than one day ..... hrs. ..... min.

9. Birthplace River Springs Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John William Ellis
13. Birthplace River Springs Md

MOTHER
14. Maiden name Edna May Jones
15. Birthplace Orange Va

16. Informant John William Ellis
Address River Springs Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 12-19-40
(month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director John William Ellis
Address River Springs Md

19. 12-19-1940 Robt V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to — 19

and that I last saw her dead alive on 12-18-1940

Immediate cause of death Heavy lifting + cutting wood

Due to

Due to

Other conditions overwort - generally
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

Address Avenues Md Date signed 12-19-40

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BUREAU V. S.

12972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Park Hall
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Park Hall
(If outside city or town limits, write RURAL and give nearest town)

~~Street No.~~ ½ mile north of Park Hall
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mary Catherine Fenwick

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept ? 1937

8. AGE:

Years	Months	Days	If less than one day
3	3	?	..... hrs. ..... min.

9. Birthplace Park Hall, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Fenwick
13. Birthplace Park Hall, Md

MOTHER
14. Maiden name Minnie Looney
15. Birthplace California Md

16. Informant Theodor Fenwick
Address Park Hall Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 29 1940
(month) (day) (year)

Cemetery or crematory St James Cemetery

Location St Marys City Md

18. Funeral director Theodor Fenwick
Address Park Hall Md

19. Dec 27 1940
(Date rec'd by registrar)
P J Bean Md Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Dec 26 1940 and that I last saw her alive on Dec 26 1940

Immediate cause of death	DURATION
Lobar Pneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P J Bean Md
M. D. or other

Address Great Mills, Md Date signed 12/27/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Md

12973

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Leonardtown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney Hebb

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Agnes Young

6(c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Nov 22 - 1902

8. AGE:

Years	Months	Days	If less than one day
38	0	16	hrs. min.

9. Birthplace St Marys Co Md (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER

12. Name Ferdinand Hebb

13. Birthplace St Marys Co Md

MOTHER

14. Maiden name Susan Barnes

15. Birthplace St Marys Co Md

16. Informant Agnes Hebb

Address Leonardtown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 9th 1940 (month) (day) (year)

Cemetery or crematory Our Lady's Cemetary

Location near Leonardtown St Marys Co

16. Funeral director Wm B Wathingley Sons

Address Leonardtown Md

19. 12-9 (Date rec'd by registrar) 19 40 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Died Dec 8th 1940, at 12:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Dec 8th 1940.

	DURATION
Immediate cause of death Dislocation of Spine Odontoid process with Fracture Cord	Instantly
Due to Golf accident	
Due to	
Other conditions Intoxicated	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy yes

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Dec 8th 1940

Where did injury occur? Leonardtown St Marys Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Street

Means of injury Golf Course injured at work? No

23. SIGNATURE F F Greenwell Deputy Coroner M. D. or other

Address Leonardtown Date signed Dec 8 1940

End

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12974

CERTIFICATE OF DEATH

Reg. Dist. No. 283

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hospital

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Leonardtown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Hewitt

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W

6. (a) Single, married, widowed, or divorced

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16-1940

8. AGE: Years | Months | Days | If less than one day: Stillborn hrs. min.

9. Birthplace Leonardtown Maryland.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Joseph Hiram Hewitt

13. Birthplace Leonardtown

MOTHER

14. Maiden name ~~Madeline Rosa Lang~~

15. Birthplace Martina Mary Murphy Charles Co. Md.

1B. Informant Mr. Joseph Hewitt

Address Leonardtown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 10 40 (month) (day) (year)

Cemetery or crematory Our Lady's Chapel

Location Medleys Neck Md

1B. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Dec. 10 1940 (Date rec'd by registrar) L. B. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8. 40 19, to Dec 10 1940, and that I last saw h alive on 19

Immediate cause of death Stillborn

Due to

Due to Prolonged labor terminated by forceps,

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Aloysius C Weld M. D. or other

Address Chaptico Md Date signed 12/10/40

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-ax)

CERTIFICATE OF DEATH

12975

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 3yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Marys
City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Margaret Large

3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Frank A. Large
6(c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) Jan 4, 1860
8. AGE: Years 80 Months 11 Days 14 If less than one day ____hrs. ____min.
9. Birthplace Harrison City, Pa (Town, county, and state)
10. Usual occupation Retired Housekeeper
11. Industry or business
FATHER 12. Name Henry Barnhart
13. Birthplace Pittsburgh, Pa
MOTHER 14. Maiden name Margaret Paist
15. Birthplace Westmoreland Co. Pa
16. Informant Frank A. Large
Address Leonardtown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/20/40 (month) (day) (year)
Cemetery or crematory St. Paul's
Location Leonardtown Md
18. Funeral director John Mattingly Sons
Address Leonardtown Md
19. 12/18/40 (Date rec'd by registrar) C. Camalier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1940, at 11:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 16 1940, to Dec 18 1940 and that I last saw h— alive on Dec 17 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Hypertension	
Due to Chronic Nephritis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank A. Camalier M. D. or other
Address Leonardtown Date signed 12/18/40

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JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12976

1. PLACE OF DEATH (95-C)

County ~~Charles~~ St Marys Registration Dist. No. 284

Village or City Mechanicsville No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Lyles If U. S. Veteran, specify WAR

(a) Residence: No. Mechanicsville St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Lyles

6. DATE OF BIRTH (month, day, and year) March 2 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co
(State or country) Md

FATHER

13. NAME Oscar Lyles

14. BIRTHPLACE (city or town)
(State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Jane Young

16. BIRTHPLACE (city or town)
(State or country) St Marys Co Md

17. INFORMANT Andrew Woodland
(Address) Mechanicsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Ebenezer, Date 12/22, 1940

19. UNDERTAKER Elmer M. Grady
(Address) Hughesville Md

20. FILED 12/21, 1940 Leon J. Sothoron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 20 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940 to Dec 23, 1940

I last saw him alive on Dec 23, 1940; death is said to have occurred on the date stated above, at 10 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/19
Cardiac Decompensation	1940

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (195-C)

12977

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No. Chancellors Run Road
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary Ann Plowden

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1940

8. AGE: Years — Months 2 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace Great Mills Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name William Banks
13. Birthplace Hollywood, Md

MOTHER
14. Maiden name Annie Plowden
15. Birthplace Hollywood, Md

16. Informant Agnes Thomas
Address Great Mills, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5, 1940 (month) (day) (year)

Cemetery or crematory Little Flower Cemetery

Location Great Mills, Md

18. Funeral director P. B. Robinson
Address Leonardtown Md

19. Dec 4 1940 (Date rec'd by registrar) P J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sudden death 19 to 19

and that I last saw unattended 19

Immediate cause of death	DURATION
Chilled to death	8-10 hours
Due to Neglect	2 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Neglect Date of 12/3-4/40

Where did injury occur? Great Mills, St Marys, Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) home

Means of injury Not Kept Warm Injured at work? no

23. SIGNATURE P J Bean MD M. D. or other

Address Great Mills, Md Date signed 12/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.